and the	Hote	Fe	For	AO	da	I Clar	TOU	Application	. ,	* .	
PATIENT APPLICATION FEE DETERMINATION RECORD								Application of Docket Number			
Effective October 1, 2000 09/7/20585											
	CLAIMS AS FILED - PART I (Column 2)						SMAL TYPE	L ENTITY	OR	OTHER SMALL	
L	OTAL CLAIMS	age part in the					RAT	E FEE	7	RATE	FEE
F)R		NUMBER	F4LED	NUMB	ER EXTRA	BASIC	FEE	OR		SUD
18 seals a community of the second of the second							Ve			X\$18=	2211
INDEPENDENT CLAIMS						X\$ §		OR	7210E	227	
MULTIPLE DEPENDENT CLAIM PRESENT						X40	=	OR	X80=		
. A	440 9 5 A. & 5 D. W.		A Section	maken ing p			+135	5 =	OR	+270=	
* #	the difference	in column 1 s	less than ze	ro, enter	"0" in c	olumn 2	TOTA	AL.	OR	TOTAL	1184
	Caraca C	LAINSASA		-RAA	T.H	(***************	and the	The state of the s		OTHER	THAN
		(Column 1)		(Colur		(Column 3)	SMA	LL ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BÉR OUSLY	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus			=	X\$ 9	=	OR	X\$18=	
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بالمر		ntation of M		ENDEN	CLAIM		+135		OR	+270=	
4	an and a	e is in the sa		Part of the	was to ge	Mar. 18. 18.	TO		OR	TOTAL ADDIT. FEE	A
(Column 1) (Column 3)											
AMENDMENT B		CLAIMS NEMAINING AFTER AMENDMENTS		HIGH NUMI PREVIO	SER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus			=	X\$ 9	= 1	OR.	X\$18=	
	Independent FIRST PRESE	NTATION OF MI	Minus JLTIPLE DEP	ENDENT	CLAIM		X40=		OR	X80=	
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							TO ADDIT, F		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT C	ti ngs to a section of	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						X40:	=	OR	X80=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270≔	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev 6/00)

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